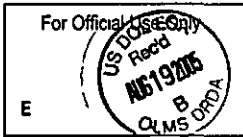


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10/39</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>William</u> <u>Rhoten</u> P O Box Bldg Room No if any Street <u>901 Massachusetts Avenue NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	4 Name file number and address of labor organization Name <u>United Association of Plumbers & Pipefitters</u> Labor Organization File Number <u>000 111</u> P O Box Building and Room Number if any Street <u>901 Massachusetts Avenue NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>Director of Safety and Health</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>William C Rhoten</u>	On <u>8/15/05</u> Date <u>202-628-5823</u> Telephone Number

Name of Person Filing William Rhoten	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Piping Industry Progress & Education Fund Trade Name if any PIPE P O Box Bldg Room No if any Street 501 Shatto Place Ste 200 City Los Angeles State California ZIP Code + 4 90020	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing PIPE is a labor management cooperation committee formed to improve communications between labor and management to study and explore new and innovative joint approaches to problems and to improve health and safety in the plumbing and piping industry 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received As a holiday gift PIPE and NITC sent me one pair of sunglasses which was jointly paid for 12 b Amount \$180

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing William Rhoten	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>National Inspection Training Certification</u> Trade Name if any <u>NITC</u> P O Box Bldg Room No if any _____ Street <u>501 Shatto Place Ste 201</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90020</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing The NITC is a third party personnel certification agency specializing in Firesprinkler Fitter Mastery Certification HVAC Mastery Certification Journeyman Pipefitting/Steamfitting Journeyman Plumber Med Gas Inspector & Installer and others 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received As a holiday gift P I P E and NITC sent me one pair of sunglasses which was jointly paid for 12 b Amount \$45

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____

Name of Person Filing William Rhoten	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>Int Pipe Trades Joint Training Committee</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>901 Massachusetts Ave NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20001</u>	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing The IPTJTC is a joint endeavor between the UA and various employer associations (MCAA UAC PHCC NA and NFSA) The IPTJTC writes edits and publishes the various training books for various apprentice and training programs 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received I attended two dinner meetings at which various training issues related to UA and its members were discussed 12 b Amount _____ \$400

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____



Founded 1889

**United Association of Journeymen and Apprentices of the
Plumbing and Pipe Fitting Industry of the United States and Canada**

901 Massachusetts Avenue NW • Washington DC 20001 4397
(202) 628 5823 Fax (202) 628 5024 <http://www.ua.org>

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Patrick R Perno
General Secretary Treasurer

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Assistant General President

General Office File Reference WCR



August 15 2005

U S Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW, Room N-5616
Washington D C 20210

To Whom It May Concern

Please find enclosed a signed copy of my LM-30 report for the period of January 1 2004 through December 31 2004

Please note that I was unaware of the current position of the Office of Labor Management Standards on what transactions are reportable on the LM-30 and therefore did not keep contemporaneous records during 2004 of all potentially reportable transactions. Accordingly I have attempted to recall all reportable transactions and to estimate their value. While the information reported is based on a good faith effort I reserve the right to supplement this report should I become aware of other reportable events during the year in question.

Thank you for your consideration

Sincerely

William C Rhoten

